

WORK PERMIT # 821P 0007

ILR / Work Order # 835207HP Construction Job # _____ Tracking # _____ Account # _____

1. Work requester fills out this section

STANDING WORK PERMIT ☐

Requester: H. Schnakenberg Date: 12/22/58 Ext. 3087 Dept/Div/Group: medical
 Other Contact person (if different from requester): L. Mansner Ext. 4457
 Start Date 12/22/58 Estimated End Date 12/22/58

Description of Work / Problem: Riggers to move shield Table & shielding from
bldg 702 to Bldg 931C

Building 531 Room C Equipment _____

2. Work requester, work provider, and ES&H (as necessary) jointly fill out this section or attach analysis

Hazard Analysis

RADIATION CONCERNS

☒ NONE

- ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved (ES&H 3.7.0), notify Group Leader, Isotope Special Materials Group (SSD)
☐ Fissionable materials involved (ES&H 3.7.0), notify Laboratory Criticality Officer (DAT)

SAFETY CONCERNS

☐ NONE

- ☐ Adding / Removing Walls or Roofs ☐ Excavation (ES&H 1.18.0) ☐ Noise
☐ Asbestos ☐ Flammable (ES&H 4.10.2) ☐ Non-ionizing Radiation
☐ Biohazard ☐ Fumes/Mist/Dust ☐ Oxygen Deficiency
☐ Chemicals ☐ Heat/Cold Stress (ES&H 2.5.0) ☐ Penetrating Fire Wall
☐ Confined Space (ES&H 2.2.4) ☐ Hydraulic ☐ Pressurized Systems (ES&H 1.4.1)
☐ Corrosive ☐ Lasers (ES&H 2.3.1) ☐ Riggering/Critical Lift (ES&H 1.6.0)
☐ Cryogenic (ES&H 5.1.0) ☐ Lead ☐ Toxic
☐ Electrical (ES&H 1.5.0) ☐ Magnetic Field ☐ Vacuum
☐ Elevated Work ☐ Material Handling (ES&H 1.6.0) ☐ OTHER _____

ENVIRONMENTAL CONCERNS

☒ NONE

☐ OTHER _____

- ☐ Haz/rad materials will be released to the air via a new/modifed ventilation system, hood, or stack (ES&H 6.1.4 and 6.1.5) ☐ New haz/rad materials will be released via the liquid effluent system to the sewage system or an impoundment (ES&H 6.1.2 and 6.1.3). Notify Regulatory Compliance Engineer, E. P. O. (ES&H Services) for permit.
☐ Acutely hazardous chemical

Waste Generated

☒ NONE

- ☐ Clean Waste ☐ PCB ☐ Hazardous Waste ☐ Radioactive Waste ☐ Mixed Waste

Waste disposition by: _____

Work Controls

WORK PRACTICES

☒ NONE

- ☐ Back-up Person/Watch ☐ Containment ☐ IH Survey ☐ Scaffolding - requires inspection
☐ Barricades ☐ Exhaust Ventilation ☐ Lockout/Tagout (ES&H 1.5.1) ☐ Time Limitation
☐ HP Coverage ☐ Posting/Warning Signs ☐ OTHER _____

PROTECTIVE EQUIPMENT

☐ NONE

- ☐ Coveralls ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses
☐ Disposable Clothing ☐ Ear Muffs ☐ Goggles ☐ Respirator ☐ Safety Harness
☐ Face Shield ☐ Hard Hat ☐ Shoe covers ☐ Safety Shoes ☐ OTHER _____

PERMITS REQUIRED

☒ NONE Initial next to box to show who has responsibility to generate the permit

- (Please attach) ☐ Confined Space Entry (ES&H 2.2.4) ☐ Digging/Core Drilling (ES&H 1.18.0) ☐ Impair Fire Protection Sys. (ES&H 4.2.0)
☐ Cutting/Welding (ES&H 4.3.0) ☐ Electrical Working Hot (ES&H 1.5.0) ☐ Rad Work Permit (BNL RadCon Manual)
☐ Dept/Div Specific Permit

DOSIMETRY/ MONITORING

☐ NONE

- ☐ Heat Stress Monitor ☐ O₂/Combustible Gas ☐ Self-reading Dosimeter ☒ INCONSISTENT
☐ Noise Survey/Dosimeter ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump
☐ Real Time Monitor ☒ TLD ☐ OTHER _____

Training Requirements (List below any location specific training requirements)

RAD Worker I

Based on analysis above, the Review Team determines the job hazard category:

JOB HAZARD CATEGORY: LOW ☒ MODERATE HIGH

Work Coordination Only

Job Safety Analysis (JSA) Required? Yes ☒ No

If job is low hazard and skill-of-the-craft, the back side of the permit does not need to be filled out. Sign for concurrence.

Work Control Coordinator H. Schnakenberg Life # 1346 Work Provider Paul O'Reilly Life # 2133

FILE CODE

→ NOT NECESSARY TO SIGN HERE IF USING BACK SIDE OF FORM

3. Both work requester and work provider coordinate on work plan (use attachments for detailed plans)

Work Plan (procedures, timing, personnel, etc.):

SKILL of Craft - Riggers to
plan movement of shield table + shielding.

EXPECTED TO SEE PLANNING ON HOW TO RIG EITHER
HERE OR ON AN ATTACHMENT; WHAT H.P. COVERAGE
NEEDED?

Special Working Conditions Required:

Operational Limits Imposed:

Post Work Testing Required:

Configuration Control Review Required

Yes

No

Walkdown performed

Yes

No

Reviewed By: *Note: Primary facility reviewer will dictate the other required signatures. The level of review shall be determined by the details of the work plan, hazards, and work controls necessary to perform the activity. Review done: ☐ in series ☐ team

Title	Name (print)	Signature	Life #	Date
<input checked="" type="checkbox"/> Primary Reviewer	H. Schnuckenberg	[Signature]	12468	12/22/98
<input checked="" type="checkbox"/> ES&H Services	JOHN HALE	[Signature]	21117	12/22/98
<input checked="" type="checkbox"/> Requester/Contact	H. Schnuckenberg	[Signature]	13468	12/22/98
<input type="checkbox"/> Others *				

Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements

Job Site Supervisor	Contractor Supervisor
[Signature]	
Workers: [Signature]	Workers: [Signature]
Life # 12676	Life #
[Signature]	
Life # 2351	
[Signature]	
Life # 15265	

NOTHING!!

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name	Signature	Life #	Date
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6. Work Requester determines if Post Job Review is required ☒ Yes ☐ No (Fill in names of reviewers)

Post Job Review:

Name: _____	Signature _____	Life #: _____	Date: _____
Name: _____	Signature _____	Life #: _____	Date: _____
Name: _____	Signature _____	Life #: _____	Date: _____
Close-out signature (as necessary): _____	Signature _____	Life #: _____	Date: _____

7. Worker provides feedback

Worker Feedback:

Is worker feedback required on this job?

YES

NO

(attach feedback form)

Worker: Any feedback on safety concerns or
on ways to improve the job?

YES

NO

(ask for form if not attached)